



Shocker Track Club Youth Track & Field 2024-2025 INdoor Registration Form ATHLETE INFORMATION (please TYPE or print legibly)

Form Completion Date _____

You must upload a copy of your child's birth certificate if they will compete in USATF meets

Athlete No. 1 Name:		M or F	Youth Email:	
Birthdate:	Age:	TShirt Size (check): Youth <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL / Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Current USATF Membership No:		Current School:		Grade:

Athlete No. 2 Name:		M or F	Youth Email:	
Birthdate:	Age:	TShirt Size (check): Youth <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL / Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Current USATF Membership No:		Current School:		Grade:

Athlete No. 3 Name:		M or F	Youth Email:	
Birthdate:	Age:	TShirt Size (check): Youth <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL / Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Current USATF Membership No:		Current School:		Grade:

Athlete No. 4 Name:		M or F	Youth Email:	
Birthdate:	Age:	TShirt Size (check): Youth <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL / Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Current USATF Membership No:		Current School:		Grade:

PARENT/GUARDIAN INFORMATION

Parent (s)/Guardian Names:		
Current Address:		
City/State/Zip		
Home Phone:	Work:	Cell:
Email:	Email:	
Emergency Contact if Different from above:		
Home Phone:	Work:	Cell:

Registration Joiner Month for Track & Field: Oct (<input type="checkbox"/>) / Nov (<input type="checkbox"/>) / Dec (<input type="checkbox"/>) / Jan (<input type="checkbox"/>) / Feb (<input type="checkbox"/>) (<input type="checkbox"/>) Pole Vault		
Payment Methd: <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ (Payable to "Shocker Track Club") <input type="checkbox"/> Venmo (@Shocker-Track-Club)		
SHOCKER TRACK CLUB USE ONLY! CHECK NUMBER _____	AMOUNT _____	DATE _____



Shocker Track Club
ATHLETE SUPPORT INFORMATION
2024-2025 Youth INdoor Program

How did you find out about the Shocker Track Club Youth Track & Field Team?

We are Returners	STC Website	A Friend/Family	My Child's School Coach	STC Social Media

Shocker Track Club Youth Leadership (STC) sends out weekly Newsletters via email. Provide an email address(es) that you will check regularly to receive and review important information.

Email: _____ **Optional Email:** _____

Athlete No. 1 Name:	Grade:
Preferred Events:	
Personal Best Marks:	
My Training Goals are:	

Athlete No. 2 Name:	Grade:
Preferred Events:	
Personal Best Marks:	
My Training Goals are:	

Athlete No. 3 Name:	Grade:
Preferred Events:	
Personal Best Marks:	
My Training Goals are:	

Athlete No. 4 Name:	Grade:
Preferred Events:	
Personal Best Marks:	
My Training Goals are:	

Is There Anything Else That You Would Like To Share With Us?



Shocker Track Club
2024-25 Youth INdoor Track & Field Team
MEDICAL RELEASE FORM

In consideration of allowing myself and/or my child/children to participate in, in participating in, the Shocker Track Club, Inc., Youth Team practice program, its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

I, _____ (Parent/Guardian’s Name) hereby give permission for
any and all medical attention to be administered to my child No. 1 _____.
any and all medical attention to be administered to my child No. 2 _____.
any and all medical attention to be administered to my child No. 3 _____.
any and all medical attention to be administered to my child No. 4 _____.

1. The risk of injury involved in this program is significant, including the potential for COVID-19, illnesses of all types, paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious illness and/or injury does exist; and,
2. I and/or my child/children knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and
3. I and/or my child/children willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I and/or my child/children observe any unusual significant hazard during my presence or participation, I and/or my child/children will remove we from participation and bring such to the attention of the nearest STC representative immediately; and,
4. I and/or my child/children, for myself, and on behalf of my heirs, assign personal representatives and next of kin, hereby release and hold harmless **The Shocker Track Club, Inc and USA Track & Field (USATF)** their officers, officials, agents and/or employees, other participants, sponsoring agencies, advertisers, sponsors, and, if applicable, owners and lessors of premises used to conduct the practice or event (“releasees”), and in particular, **Wichita State University, or Unified School District 259, or City of Wichita, or Sedgwick County Kansas, and USA Track and Field**, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.
5. By affixing my signature hereto, I and/or my child/children attest that I am physically fit and have trained sufficiently for the activities in which I and/or my child/children intend to participate and the events I and/or my child/children have chosen to enter. The Shocker Track Club, Inc. and its representatives, employees, and volunteers have permission to obtain immediate medical care and I consent to hospitalization, the performance of necessary diagnostic tests, the use of surgery, and/or the administration of drugs in an emergency. I understand that I am responsible for payment of medical expenses.
6. I have reviewed the accompanying KSHSAA Concussion Form. Additionally, in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, I also assume the responsibility for the payment of any medical treatment. This release is effective if my child/children is a member of the Shocker Tracker Club.

INSURANCE COMPANY: _____

POLICY NUMBER: _____

PHYSICIAN: _____

PHONE: _____

KNOWN MEDICAL CONDITIONS or ALLERGIES: _____

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

SIGNATURE (PARENT/GUARDIAN): _____ **DATE:** _____



Shocker Track Club

2024-2025 Youth INdoor

ATHLETE RECITAL and ADDITIONAL RELEASE

IF REGISTERING MORE THAN ONE ATHLETE THE PARENT/GUARDIAN MUST INITIAL BELOW

This page is an agreement between the **Shocker Track Club** and (all athlete's names) on the line below

As part of the Shocker Track Club, you are a representative of the Club. Your actions can affect the way other individuals view the Club. As such it is expected that you portray yourself in a way that is not detrimental to the Club. You are expected to conduct yourself in a manner that represents the Shocker Track Club in a positive manner. The Shocker Track Club reserves the right to terminate your participation should it find that your participation would negatively impact the Club.

Public Release Form [redacted] (Initial)

I give permission to the Shocker Track Club to use my name or my child's name, picture, or statement for the reasonable purpose of promoting, advertising, and raising money for the Shocker Track Club.

USATF Membership for Transportation to Track Meets [redacted] (Initial)

If I request my child to be transported to/from any track meet by STC Youth Team Leaders or Coaches I agree to acquire a current year USATF membership for my child and assign them to Shocker Track Club no. 28-4080.

Parent's Responsibilities [redacted] (Initial)

Parents are important to the success of the club program. Therefore, we ask the parents to observe the following guidelines:

- ❖ Maintain a positive attitude
- ❖ Realize that once an athlete is at a given facility, they are under the supervision/jurisdiction/guidelines of the coaching staff
- ❖ Remain in the seating area at practice and meets

Athlete's Responsibilities [redacted] (Initial)

Athletes represent our organization, the coaching staff, their families, and themselves. We expect all athletes to observe the following guidelines:

1. Respect others and their property including your coaches (and their decisions).
2. Attend as many practices as possible, put forth a 100% effort during practice and meets, and accept constructive feedback.
3. Always use appropriate language (Inappropriate language will not be tolerated).
4. Avoid the use of illegal drugs, vaping and alcohol before, during, or after practices and meets.
5. Avoid fighting or any verbal or physical altercations with teammates or coaches.
6. I will not engage in any form of harassment, taunting, nor use profane or threatening language or gestures, toward coaches, other athletes, fans, parents, or officials either directly or indirectly, before, during or at any time after an event or practice.
7. I understand that any physical violence, intimidation or threat thereof will result in immediate expulsion from the club and may result in a permanent ban from all STC controlled or managed activities.
8. I will not post any derogatory remarks or commentary about STC programs, coaches, participants or other athletes, parents, or staff, or officials on any social media platform, nor distribute any derogatory remarks or commentary in the form of a mass email or distribution to anyone, nor will I encourage others to do so.

[redacted] 1. I agree to represent the club the Shocker Track Club in a positive manner, and I will conduct myself in a manner that is representative of the values of the Shocker Track Club.

[redacted] 2. I will not put myself into a situation where criminal activity could occur.

[redacted] 3. I will respect the Team Leadership and Coaches and follow their rules that are set out for my participation in the Club

[redacted] 4. I will not intentionally cause damage to any of the equipment or facilities that I am allowed to use as part of the Club.

[redacted] 5. I understand that if I do not fulfill my part of this contract, I will be removed from the Shocker Track Club.

Youth Athlete Signature/Initial _____ Date _____

Athlete Parent/Guardian _____ Date _____



SHOCKER TRACK CLUB
2024-2025 YOUTH INdoor Track & Field
REGISTRATION FORM SUBMITTAL PAGE

Please review all of your information in the previous pages to make certain that it is correct.

Click the SUBMIT button below to submit this entire Registration Packet form to Shocker Track Club.

Clicking submit will open up your primary email account with an email addressed to youth@shockertrackclub.com . This completed document will be saved in pdf form and attached to the email. Click the send key to send your email.

NOTE – If the above instructions are unsuccessful, please save the completed document and attach it to an email addressed to president@shockertrackclub.com

SUBMIT

DO NOT TYPE ANYTHING BELOW THE LINE!

=====
Registration Date _____

Fulfillment Date _____ Paid _____